



GEORGIA BOARD OF EXAMINERS OF PSYCHOLOGISTS  
237 Coliseum Drive Macon, Georgia 31217-3858  
(478) 207-2440 \* [www.sos.state.ga.us](http://www.sos.state.ga.us)

APPLICATION FOR **REINSTATEMENT** OF LICENSE  
(FOR FAILURE TO RENEW A LICENSE)

**INSTRUCTIONS:**

- Please type or print clearly.
- Enclose Reinstatement **NON REFUNDABLE** Fee: \$450.00  
(Refer to Fee Schedule to assure no change in fee).  
**Checks returned for insufficient funds will be assessed a \$40.00 service charge pursuant to O.C.G.A. §16-9-20.**
- A license which has been revoked for failure to renew **may be reinstated within one year of the expiration date**, at the discretion of the Board, upon submission of an Application for Reinstatement, documentation of 40 hours of continuing education activities that were completed within two calendar years of the date the application is received by the Board, and payment of penalty fee as set by the Board (See Fee Schedule).
- Reinstatement **after more than twelve (12) months** following revocation for failure to renew will require submission of a new Application for Licensure, documentation of 40 hours of continuing education activities that were completed within two calendar years of the date the application and passage of **both** the Georgia Jurisprudence and Oral Examinations." Board Rule, Chapter 510-7-.02 (a)
- If the applicant holds a current license in another jurisdiction, a Georgia license that was revoked for one or more years for failure to renew the license may be reinstated, at the discretion of the Board, upon completion of the requirements set forth above, submission of a **State Verification Form** (Form I), and, passage of **both** the Georgia Jurisprudence and Oral Examinations. Board Rule, Chapter 510-7-.02 (b)



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**APPLICATION FOR REINSTATEMENT OF LICENSE  
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**PART I - PERSONAL INFORMATION**

**Examination** ☐

**Exam Waiver** ☐

**Fee: \$450** (Checks returned for insufficient funds will be assessed a \$40.00 service charge pursuant to O.C.G.A. §16-9-20).

Name: \_\_\_\_\_  
Last First Middle Maiden

Other name used, if any: \_\_\_\_\_

\*Social Security # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*\*E-Mail: \_\_\_\_\_

\* This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. 19-11-1 and O.C.G.A. 20-3-295, 42 U.S.C.A. 551 and 20 U.S.C.A.1001. \*\*Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.

\*\*\*Physical Address: \_\_\_\_\_  
Last First Middle Maiden

\*\*\* (If you are granted a license, your name, mailing address and license number are public information and your mailing address will appear on the internet. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change).

Mailing Address: \_\_\_\_\_  
(If different than Physical Address) Street (P.O. Box Acceptable) City State Zip Code

Work Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: ( ) Work Phone: ( )

\_\_\_\_\_ I **am** a U.S. citizen. \_\_\_\_\_ I **am not** a U.S. citizen, but am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States. Applicant must provide verification of qualified alien status; see page 6 for acceptable documents verifying authorization to lawfully be present in the United States.

**PART II - STATEMENT OF APPLICANT**

I hereby apply to reinstate my revoked Psychologist License Number: \_\_\_\_\_,

Issued on: \_\_\_\_\_ and Expired on: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

**State reason/s why you did not renew your license and describe your professional activities for the past two (2) years:**

PART III - PROFESSIONAL BACKGROUND

**INSTRUCTIONS:**

- For the following questions, the terms “license,” “registration” and “certification” are synonymous.
- If your answer is “yes” to any question, please attach a written detailed explanation, relevant documents and a description of the current status. Attach additional pages as necessary.

☐ Yes ☐ No 1. Do you now hold, or have you in the past held a professional license in any state?

Type of License: \_\_\_\_\_

State: \_\_\_\_\_ License# \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of License: \_\_\_\_\_

State: \_\_\_\_\_ License# \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

☐ Yes ☐ No 2. Have you been denied professional licensure or renewal because of a license disciplinary proceeding in Georgia or any other state?

☐ Yes ☐ No 3. Have you knowingly failed to renew a license during investigation or disciplinary action?

☐ Yes ☐ No 4. Have you ever had a license to practice any profession revoked, suspended or annulled or otherwise disciplined, including by private order?

☐ Yes ☐ No 5. Have you been subject to disciplinary action or had your membership revoked by any professional organization?

☐ Yes ☐ No 6. Have you been convicted of any criminal offense?

☐ Yes ☐ No 7. Have you been arrested, charged, and sentenced for the commission of any felony or any crime involving moral turpitude?

☐ Yes ☐ No 8. Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?

☐ Yes ☐ No 9. Are you currently unable to practice safely as a result of use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition?

☐ Yes ☐ No 10. Have you previously applied for the same license for which you are currently applying?  
If “yes” name under which application was submitted: \_\_\_\_\_

**AFFIDAVIT:**

I hereby swear under penalty of perjury that the information contained on this application is true and correct to the best of my knowledge and belief. As required, I have included the ☐ Fee, ☐ Documentation of 40 hours of continuing education activities attained within two calendar years of filing this application and, I understand and agree that, if requested, I and/or my employer/s may be required to promptly provide additional information for this Application to be processed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My Commission Expires \_\_\_\_\_

NOTARY SEAL



**OFFICE OF SECRETARY OF STATE  
PROFESSIONAL LICENSING BOARDS DIVISION  
GEORGIA BOARD OF EXAMINERS OF PSYCHOLOGISTS  
237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440**

**CONSENT FORM**

I authorize the **Georgia State Board Examiners of Psychologists** to conduct a background investigation of me to determine my suitability for licensure. I give my consent for full and complete disclosure of all records and information concerning myself to the Board, their authorized representatives, or any other persons deemed necessary by the Board in determining my suitability, whether such records and information are of a public, private, or confidential nature, to include criminal history records. This authorization will remain in effect for the duration of my active licensure status with this state or until cancelled by me in writing.

\_\_\_\_\_  
Applicant's Full Name (Printed)

\_\_\_\_\_  
Physical Address (P.O. Boxes **NOT** Accepted)

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

Place of Birth (City/State): \_\_\_\_\_

Aliases or Maiden Name: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name of Applicant)

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

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**DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS**  
**Complete this form only if you are not U.S. Citizen**

**Please complete this form and attach a copy of your documentation.**

**Please check below:**

**Alien Lawfully Admitted for Permanent Residence:**

- \_\_\_\_\_ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- \_\_\_\_\_ - Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

**Asylee:**

- \_\_\_\_\_ - INS Form I-94 annotated with stamp showing admission under §208 of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A5"
- \_\_\_\_\_ - Grant letter from the asylum office of INS
- \_\_\_\_\_ - Order of an immigration judge granting asylum

**Refugee:**

- \_\_\_\_\_ - INS Form I-94 annotated with stamp showing admission under §207 of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A3"
- \_\_\_\_\_ - INS Form I-571 (Refugee Travel Document)

**Alien Paroled Into the U.S. for at Least One Year:**

- \_\_\_\_\_ - INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

**Alien Whose Deportation or Removal Was Withheld:**

- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A10"
- \_\_\_\_\_ - Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

**Alien Granted Conditional Entry:**

- \_\_\_\_\_ - INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- \_\_\_\_\_ - INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- \_\_\_\_\_ - INS Form I-766 (Employment Authorization Document) annotated "A3"

**Cuban/Haitian Entrant:**

- \_\_\_\_\_ - INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- \_\_\_\_\_ - Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- \_\_\_\_\_ - INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

**Alien Who Has Been Battered or Subjected to Extreme Cruelty:**

- \_\_\_\_\_ - INS petition and appropriate supporting documentation